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Bib Data Sheet

CONFIRMATION NO. 3860

SERIAL NUMBER 10/663,946	FILING DATE 09/16/2003  RULE	CLASS 239	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. BRAX-101
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/411,044 09/16/2002 *SH*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/10/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Alliance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>SH</i>		

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## TITLE

Adjustable dispenser tip

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